AN

ESSAY

ON THE

SWELLING

OF THE

LOWER EXTREMITIES,

INCIDENT TO

LYING-IN WOMEN.

BY

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Patet omnibus ars, nondum eſt occupata,
multum de illâ etiam nobis relictum eſt.

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1792.

MVSEVM
BRITAN
NICVM

To DOCTOR DENMAN.

SIR,

THERE cannot be an objection to any work relating to Midwifery being dedicated to you, who, both by precept and example, by teaching and writing, have contributed ſo largely to its improvement; but to the fruits of *my* labours you have a peculiar claim, inaſmuch as to you I am indebted for my firſt knowledge of the ſcience. Permit me therefore to requeſt your acceptance of the following ſheets, and at the ſame time to teſtify how highly it will gratify my ambition, if on any occaſion I can prove myſelf a diſciple worthy of ſuch a maſter.

I am, Sir,

With the greateſt reſpect,

Your moſt obedient,

Humble ſervant,

Glouceſter,
April 13, 1792.

THE AUTHOR.

PREFACE.

THE following pages appear under ſome diſadvantages, of which the want of a cloſer attention to method is perhaps one of the principal. But if the Author has the happineſs upon the whole to render his ideas intelligible, he truſts that ſome deficiency in point of arrangement and compoſition will be forgiven in a man who has little time for employments of this nature.

Some allowance will alſo be hoped for in conſideration of the diſtance of his reſidence from the preſs. He has doubts whether or not his readers will think that he has adduced a ſufficient number of facts in ſupport of the theory which he brings forward. He certainly could have related a few more caſes, but they would have been very ſimilar to thoſe which already appear, and therefore would, in his opinion, have ſerved no other purpoſe than that of increaſing the ſize of the pamphlet.

He

He does not offer this Eſſay as by any means treating fully on the ſubject, but rather as preſenting a few hints to any perſon who may hereafter proſecute a complete hiſtory of the nature, appearances, and management, of the diſeaſe under conſideration; an evil, which though perhaps it be not of the greateſt, is certainly of ſufficient magnitude to deſerve ſerious inveſtigation. It is not indeed to be dreaded as immediately deſtructive to life; but ſurely to labour under pain, lameneſs, and other inconveniences, for ſeveral weeks or months, though the event ſhould in every ſuch caſe be invariably favourable, is a calamity moſt devoutly to be deprecated: conſequently an attempt to leſſen the degree and ſhorten the duration of the miſchief, if that attempt be not manifeſtly irrational and abſurd, has little need of an apology. While we profeſs an endeavour to diminiſh the leaſt of the ſufferings and dangers incident or conſequent to childbearing, we ſhall be heard with patience by Humanity, Policy, and Philoſophy. 'Tis not then the nature of this

this undertaking, but the manner of executing it, which wants apology.

I have ſpoken in the courſe of the work of the *femoral* lymphatic glands, a diſtinction which I believe is not generally made by writers upon the abſorbent ſyſtem. By the appellation of femoral glands I would ſignify not only ſuch as may be ſituated in the middle of the limb, but alſo that cluſter, which is placed at the upper part of the inſide of the thigh immediately below thoſe, which are properly the inguinal glands, and which are the ordinary ſeat of venereal buboes, as the femoral glands are thoſe which inflame, when acrid matter is abſorbed from ulcers in the legs.

Though I cannot diſcover any ground for ſuppoſing the trunks of the lymphatics to be ruptured in labour, yet I can eaſily conceive, as I have mentioned in the appendix, that the obſtruction to the return of the lymph may commence in the primary inflammation of a trunk or trunks;

and probably this may be the caſe more frequently than I have hitherto diſcovered, or ſuſpected it to be.

I will not enlarge this preface with farther excuſes or explanations, but conclude with pledging myſelf to the reader, that ſhould opportunity permit, or occaſion be given me to reſume my attention to the ſubject of this Eſſay, I will labour to correct thoſe faults which my own eye ſhall diſcover, or the candid criticiſm of others ſhall point out.

AN

ESSAY,

&c. &c.

"AN Inquiry into the Nature and "Cauſe of that ſwelling of the lower "Extremities which ſometimes happens "to lying-in Women," was publiſhed five or ſix years ago by the very celebrated Mr. Charles White of Mancheſter. If I can add, in the ſmalleſt degree to the information which he has given on that

 ſubject,

ſubject, I ſhall want no apology for bringing forwards this pamphlet: nor ſhall I think that I am directing the attention of the reader to a trifling object, when the ſame thing has appeared ſufficiently important to engage in its inveſtigation the diſtinguiſhed abilities of Mr. White.

(1.) The diſeaſe, of which he has treated, is, as far as I can judge, the ſame as that which I am about to conſider; though on the one hand, I have not met with all the appearances which he deſcribes; and on the other, ſome on which he is ſilent have fallen in my way.

(2.) Mr. White's extenſive practice has enabled him to form a general hiſtory of the complaint; and to that hiſtory I beg leave to refer my reader, becauſe it is much more full than that which I can give from my own experience; although, as I have already mentioned, I have obſerved ſome circumſtances either not ſeen, or not noticed

ticed by the very reſpectable author of the Inquiry.

(3.) In every pathological reſearch, we muſt, in the firſt place, have a regard to the natural ſtructure and functions of the part, which is the ſeat of the given diſeaſe, and to its connection and ſympathies with other parts of the body.

The many excellent writings and tables now in common uſe, ſave me from the neceſſity of entering into minute anatomical deſcriptions, or phyſiological diſquiſitions; and I ſhall content myſelf with ſtating, that within Poupart's ligament, in the direction of, and contiguous to the round ligament of the uterus, are placed ſeveral lymphatic glands, to which the name has been given of external iliac; and that others called the internal iliac are placed about the internal iliac artery; and that to theſe two ſets of glands run numerous abſorbents from the vagina and the uterus, and through the former ones paſs

the trunks, which bring the lymph from the lower extremities.

(4.) When a lymphatic gland becomes inflamed, and conſequently enlarged, it is ſcarcely credible to what a magnitude it will ſometimes grow. Of ſuch preternatural increaſe of bulk we have inſtances, in the immenſe ſize of which the meſenteric glands have been ſometimes found.

A lymphatic gland may ſuffer inflammation and enlargement, *firſt*, from the effects of preſſure made upon it; *ſecondly*, from acrid matter being brought, and applied to it by an abſorbent; and *thirdly*, by inflammation being continued to it from an inflamed abſorbent.

(5.) If one or more of the external iliac glands be inflamed and enlarged, a tumor in the flank will be formed, in thin ſubjects very perceptible to the touch of the ſurgeon: and if the enlargement of the gland *be conſiderable*, or *remain for any length*

of time, the paſſage of the lymph through the trunks which convey it from the lower limbs will be more or leſs obſtructed, and the limb or limbs will conſequently be ſwollen, in a proportionably greater or leſs degree.

(6.) If an adheſion of the gland, to the containing parts of the abdomen, take place, *the inflammation increaſing*, and the inflammation terminate in ſuppuration, the *pus* may make its way through the ring of the external oblique, in the courſe of the round ligament, or under Poupart's ligament, and burſt through the ſkin of the groin; or, ſecondly, it may penetrate directly through the containing parts lying over the gland; and then an aperture will be made in the iliac region: or laſtly, it may take ſome other route by means of the cellular ſubſtance, and preſent itſelf in any part of the hypogaſtric region, in the upper part of the thigh, in the buttock, &c.

(7.) Theſe obſervations apply themſelves to tumours of the iliac glands however produced, and conſequently to ſuch as may follow *parturition*. And that *parturition* ſometimes does give occaſion to the production of ſuch tumours, and all the effects which I have attributed to them, experiment and reaſoning will, I hope, enable me to convince the reader.

An attention to method ſeems to require that I ſhould appropriate ſome name or title to the diſeaſe. The ingenuity of the reader will diſcover and apply a fit one, as I am at a loſs where to give it a place in a noſological vocabulary. It will be of more conſequence if I can ſucceed in an attempt to explain its real nature, and its proper treatment.

(8.) The firſt complaint made by the patient in every caſe which I have been acquainted with, was that of ſtiffneſs or ſoreneſs in one of the lateral regions of the lower belly, and pain in moving or turning about

about the body. The pulſe has invariably been quick. The ſide affected has not always been that on which the patient lay whilſt ſhe was delivered. Upon examination a fulneſs and hardneſs in the affected Iliac region may be perceived, and for the moſt part a circumſcribed tumour. A weakneſs of the leg and thigh of the ſame ſide, and in moſt caſes an œdematous ſwelling of them came on, but not always; the affection of the extremity has not been complained of for two or three days after the coming on of the pain in the flank. The ſwelling of the limb takes place, whether the patient ſits up, or lies in bed; nor does it go down upon a change of the poſition of the body. To the beſt of my recollection it has in every inſtance been ſoft enough to pit upon preſſure. The ſkin has preſented no remarkable appearance.

Mr. White's deſcription of the condition of the limb differs ſomewhat from mine; in making which remark I do not mean to impeach the accuracy of his hiſtory. It is

probable that he drew his picture from a more advanced and more confirmed ſtate of the obſtruction of the lymph, than I have had an opportunity of ſeeing: nor do I find the leaſt difficulty in conceiving that ſuch a condition of the limb, as Mr. White deſcribes, may be ſometimes met with; becauſe I have repeatedly ſeen legs "equally "and generally ſwollen, not cold as in "anaſarca, and not pitting upon preſſure, "nor diſcharging water when punctured," in conſequence of old ſwellings of the femoral and inguinal glands, or from tumours within the abdomen. Whether in the leſs advanced ſtate of the diſeaſe the ſkin of the leg would diſcharge water when punctured, I do not know; though I ſhould think it ſometimes would diſcharge water *, becauſe I lately met with a caſe of a young woman who had a glandular ſwelling in the upper part of her thigh, in conſequence of which the leg and foot became

* Since I wrote this, I have confirmed my opinion by experiment—See Caſe the Ninth.

œdema-

œdematous. I punctured the top of the foot in two or three places; a large quantity of fluid was drained off, and the ſwelling of the leg was very much reduced. The tumefaction has been in ſome inſtances extended to the buttock; but I have neglected to obſerve, whether or not it commonly affects the labia pudendi *.

A greater or leſs degree of puerperal fever has in every caſe preceded the glandular inflammation, or ſwelling in the belly; and the complaint has rarely come on before the end of the ſecond, or the beginning of the third week after delivery, nor later than the fifth or ſixth; and, as I have already ſtated, has been always accompanied with a quick pulſe.

(9.) I do not know the natural progreſs of the complaint when left to itſelf, unleſs

* In a caſe, in which the complaint had been of a fortnight ſtanding, and where the œdema extended to the buttock, the labia pudendi were not ſwollen.

where

where it proceeds to ſuppuration, becauſe a ſpeedy reſolution of the tumour in the belly, and a conſequent removal of its effects in the limb have been obtained in ſuch caſes as I have had the management of.

(10.) Sometimes, though I believe rarely, the iliac ſwelling goes on to ſuppuration; in which caſe the matter may make its way out of doors in either of the ways deſcribed above, as the route of pus from abſceſſes in the external iliac glands.

Whether the abſceſs pointing at the bottom of the belly, or in the groin, be opened, or ſuffered to break, the patient ultimately gets well. This was the caſe with three patients, each of whom had an abſceſs after lying in, which pointed either at the bottom of the belly, or in the groin.

However, as in twelve years connection with public hoſpitals, I have ſeen only three caſes of a tumour of this kind ſuppurating, and only one in private; and as Mr. White

White does not ſpeak of having met with ever a one in his very extenſive practice, I muſt believe, that in general a reſolution of the tumour takes place, and a conſequent removal of its effects.

CASE I.

A young woman had a fever and an œdematous ſwelling of one leg, thigh, and buttock, together with a very perceptible tumour in the iliac region of the ſame ſide. She had lain in of her firſt child five or ſix weeks. As the ſwelling in the belly and the leg ſubſided, a phlegmonous inflammation near the great trochanter came on and ſuppurated; the abſceſs burſt, the opening was enlarged, and the patient got well. I muſt urge the remark, that the ſwelling of the leg and thigh ſubſided as the phlegmon near the hip advanced, as a proof that the tumefaction of the limb did not depend upon the abſceſs in the buttock, but

but upon the inflammation in the iliac region.

(11.) This account of the appearances and progreſs of the diſeaſe is, I am conſcious, very incomplete: I leave it ſo, becauſe I do not chuſe to give it the air of perfection by going beyond the boundary of my experience, and borrowing from my own imagination, or from other men's labours.

(12.) Of the treatment of it likewiſe I muſt ſpeak with diffidence, becauſe I have nothing to propoſe, except what I have learned from a few facts which have fallen under the examination of my own ſenſes.

(3.) When ſubſequent to delivery we meet with a patient complaining of a ſoreneſs and pain in one of the iliac regions, and upon examination we find a great fulneſs and hardneſs in that region, accompanied with increaſed uneaſineſs in turning of the body, and in drawing up the leg and thigh on that ſide, fever having preceded, or being

ſtill

ſtill preſent, we may for a ſhort time try the effects of warm fomentation of the belly; and in caſe it be not already ſufficiently open, adminiſter a laxative clyſter. If eaſe and a removal of the fulneſs and foreneſs in the flank be not by theſe means quickly obtained, we apply to the moſt fore part of the iliac region ſix or ſeven leeches, or even a greater number, if the patient's condition will admit of the loſs of much blood. As ſoon as the leeches are taken away, we adminiſter a mixture of Ipecacuanha and Tartar emetic, given in ſuch a quantity as to produce full vomiting. If the mixture have not the additional effect of procuring a few ſtools, it ſhould be followed by a gentle cathartic.

As ſoon as the bleeding occaſioned by the leeches has ceaſed, we lay a bliſter plaiſter upon the pained part.

After the uſe of theſe means the pain and foreneſs in the flank will preſently abate, and the ſwelling ſubſide, and in a ſhort

ſhort time be entirely removed. But if any pain or hardneſs remain after the diſcharge from the bliſter has ceaſed, let leeches be again applied, and the conſequent bleeding be ſucceeded by a ſecond bliſter. In the trials, which I have made of this treatment, the complaint has been completely removed before the healing of the ſecond veſication.

I have not had occaſion to ſay any thing about the ſwelling of the leg and thigh, becauſe that ſwelling has ſubſided faſt enough as the ſoreneſs and fulneſs in the belly went off. However, it may be uſeful to wrap up the leg in bathed cabbage leaves, and, perhaps, to make a few punctures with a lancet into the cellular ſubſtance of its integuments.

CASE

CASE II.

Mrs. O. on the 23d of Auguſt, was delivered of her eleventh child lying on her left ſide: on the fifth day ſhe was manifeſtly ill of a puerperal fever; on the thirteenth day the fever left her. The lochia ſtopped when the fever came on, but returned when that abated.

Twenty-firſt day, ſhe has not been quite ſo well as uſual for the laſt two or three days, and her pulſe has been quick. She feels ſoreneſs and ſome pain in the right ſide of the abdomen, eſpecially in turning her body, or in moving her leg and thigh; I find a circumſcribed ſwelling and hardneſs as of an enlarged gland in the right iliac region a little above Poupart's ligament. Preſſure upon the part gave great pain. Her leg and thigh are extremely ſtiff, but as yet little, if at all, ſwollen. I applied leeches to the pained part, and gave her an

emetic; and a bliſter was laid on, as ſoon as the bleeding from the leeches had ceaſed.

Twenty-ſecond, patient much eaſier.

Twenty-third, leeches were again applied a little above the ſeat of the laſt bliſter, and were followed by another bliſter laid upon the part to which they had been applied. An increaſe of relief was immediately perceived by the patient, and in a few days the ſoreneſs, ſwelling, and every other complaint were entirely gone.

A continuation of this hiſtory will be ſeen hereafter.

CASE III.

Mrs. W. was attended in her labour with her fifth child by a humane and well-informed accoucheur. Six weeks after her lying in, I was deſired to ſee her. She was then

then very ill, having a quick and ſmall pulſe, and an œdematous ſwelling of her left leg and thigh, and foot. The hiſtory given me was, that ſhe had had a good time in lying in; that her labour was natural, and that ſhe was laid on her left ſide; that a week after her delivery ſhe had a fever, which went off in a fortnight; that her diſcharges had been natural; that twelve days ago ſhe was ſeized with a pain in the left ſide of her belly, which had continued in a greater or leſs degree ever ſince; that for the ſpace of ſeven or eight days her left lower limb had been very much ſwollen, the ſwelling firſt beginning in her foot, and extending gradually all the way to her groin. Purging and cooling medicines had been given her, and to her thigh two bliſters had been applied, which had produced a plentiful diſcharge of ſerum, without leſſening the ſwelling.

There was a conſiderable circumſcribed ſwelling and hardneſs in the left iliac re-

gion, and the integuments of the limb *pitted upon preſſure.*

As the patient was very weak I did not adviſe leeches, but contented myſelf with recommending vomiting, and a large bliſter to the iliac region.

Eaſe followed the action of the emetic and the putting on of the bliſter; in four days the ſwelling, both in the belly and limb, was wholly removed, and ſhe had not the leaſt complaint, excepting general weakneſs.

CASE IV.

A woman, ſix or ſeven weeks after lying in, made application for the relief of a ſwelling of one leg and foot. She had a hard circumſcribed tumour in the correſpondent iliac region. The limb was ſtiff and weak, but very little painful. A mercurial plaſter was applied over the ſwelling in the belly,

belly, and ſhe took a ſmall doſe of calomel every night, and a lenient purge every third morning. In fourteen days ſhe was perfectly cured.

The tumour in the belly in this patient was not very ſore when preſſed upon, nor very painful. I did not expect that it would have yielded ſo readily, as I ſuppoſed it was becoming indolent; and it was my intention to have rubbed mercurial ointment upon the leg.

Should it happen, however, that the tumour in the belly, and the œdema of the limb, continue obſtinate, notwithſtanding the uſe of the means recommended above, as having been found ſucceſsful, I ſhould rub in mercurial ointment in conſiderable quantities on the affected leg and thigh; for inſtance, two ſcruples or a drachm of the ointment prepared of equal parts of quickſilver and hog's-lard every night till a ſlight ſpitting gave evidence that the mercury had made its way through

the lympatics into the circulation, and give now and then an emetic and a purgative, keeping however an attentive eye on the effects which this proceſs might produce on the ſtrength and conſtitution of the patient, and counteracting them, if detrimental, by opium, bark, and ſarſaparilla, I am induced to recommend theſe means from the ſucceſs which has attended them in complaints ſomewhat analagous.

(15.) Let it, however, be ſuppoſed, that we do not ſee the tumour in the flank till it be advanced to ſuppuration. In that caſe our practice will be affected by the courſe which the matter takes; that is to ſay, we muſt act according to the ſituation of the part at which the pus makes a point. It ſeems of conſequence, however, that we ſhould very accurately diſcriminate the abſceſs occurring after lying in from that beginning in the cellular ſubſtance ſurrounding the pſoas muſcle, and for the following reaſons: If we open the firſt-mentioned kind of abſceſs, no harm ariſes to the patient,

tient, but in a moderate ſpace of time ſhe gets well; whereas the opening of a pſoas abſceſs cannot poſſibly do her the leaſt ſervice, but, on the contrary, almoſt always haſtens her death. The abſceſs after lying in cannot be confounded with a pſoas caſe, except when the matter is preſented in the groin, or at the bottom of the belly; and in both theſe predicaments a careful inveſtigation will, I believe, enable the ſurgeon to decide aright.

That I may be well underſtood, I ſhall take the liberty of digreſſing, to introduce a general remark reſpecting abſceſſes.

(16.) Abſceſſes, or apoſtemes, are of two kinds, thoſe in which the matter is originally formed in or near to the ſpot at which it makes a point; and ſecondly, thoſe in which the ſuppuration takes place in one part, and the matter inſinuating itſelf into the cellular ſubſtance, &c., makes its point under the common integuments at a ſpot diſtant from the ori-

ginal ſeat of it. The firſt may commonly be known by the uſual circumſtances of ſuppuration having taken place in the preſent ſeat of the matter; ſo that the ſurgeon, who has an opportunity of obſerving the whole progreſs of the complaint, will be in little danger of miſtaking it for an abſceſs of the ſecond kind. But granting that the abſceſs be not ſubmitted to his examination till it be full of matter, and the matter has made a point, ſtill, provided the progreſs has not been very rapid, he may ſafely form a concluſion from the condition of the parts ſurrounding the ſeat of the pus. In the firſt kind of abſceſs they will be hard and thickened, and often ſo far œdematous, as to pit under the finger if ſomewhat ſtrongly impreſſed. In the latter kind they will for the moſt part have a natural feel; but if tenſe, they do not give the feel of hardneſs with thickening, but only that of tightneſs, or of a part upon the ſtretch. To ſay that the one is a more inelaſtic hardneſs than the other, does not fully convey my meaning; and, indeed, it

is often impoſſible to communicate in words the ideas excited by the employment of a ſenſe. However, the diagnoſtic which I have laid down will not hold good univerſally, becauſe it is poſſible that the matter may make its way from one point to another at a diſtance ſo rapidly as to excite violent inflammation in the parts about the latter; and when it ſo happens, the nature of the abſceſs muſt be ſomewhat queſtionable; but in general it may be judged of in the way which I have propoſed. I am not making this obſervation as teaching any thing to experienced ſurgeons, but becauſe it may be uſeful to thoſe who have yet to bring the doctrines which they have received to the touchſtone of experience. It has, at leaſt, proved ſo to me, who have been enabled by it to decide with a certainty on the propriety of opening abſceſſes in the thigh or buttock, which have been ſuſpected to have their origin from the pſoas muſcle; a deciſion of ſome conſequence to the ſafety of the patient, and not

unimportant to the reputation of the ſurgeon.

Examples of the ſecond kind of abſceſſes, are thoſe of the hip or pſoas.

I may add another diagnoſtic, which is the degree of ſenſible heat in the part affected: in the firſt kind of abſceſs the part is, we know, conſiderably hotter to the touch than natural; but in the ſecond kind the heat is not much augmented, commonly not at all. But this diagnoſtic will not always be good, becauſe ſcrophulous abſceſſes in which the pus is formed where it makes the point, ſometimes maturate, with ſcarce any increaſe of ſenſible heat.

(17). When the abſceſs after lying in points in the groin, it will in general be eaſily diſtinguiſhed from that of the pſoas muſcle, by attending to what was laid down in 16, for the matter makes a point at a very ſmall diſtance from the part in which

which it is formed, and an accurate hiſtory of the complaint may commonly be learned. But if a ſurgeon has any doubt about the nature of an abſceſs pointing in the groin, it is beſt to leave it to break ſpontaneouſly; becauſe, on the one hand, the ill conſequences of opening a pſoas abſceſs will be avoided; and on the other, ſuppoſing it not to be a pſoas abſceſs, no injury will accrue to the patient from the delay, except ſimply prolonging of pain, and ſomewhat protracting the cure. It muſt not, however, be underſtood from this advice *to let a pſoas abſceſs break of itſelf*, that I ſuppoſe that a cure will follow, leaving ſuch abſceſſes to be opened by nature. I know that *in general* the event will be fatal under every mode of treatment, and almoſt *univerſally* ſo, when the matter points at the buttock, or back part of the thigh. All I mean to urge is, that upon the whole the patient has the beſt chance of a recovery from a natural opening; and that at any rate by waiting for ſuch an occurrence, the life of the patient will be

preſerved

preſerved much longer than when the matter is diſcharged by the aſſiſtance of a ſurgeon.

CASE V.

The pſoas abſceſs does not often point in the integuments of the lower part of the belly. I am not certain that I have met with ſuch a caſe more than once. The abſceſs was ſuffered to break of itſelf; for ſome time no material inconvenience ſeemed to follow; but at length rigors, a quick and ſmall pulſe, loſs of appetite, ſweatings, and hectic fever, with paralyſis of the lower extremities came on; and notwithſtanding the advantage of country air and a nutritious diet, the patient was deſtroyed in the ſpace of four months. When I firſt ſaw him, which was ſix weeks before the burſting of the abſceſs, there was a circumſcribed elevated ſwelling in the left iliac region, about four inches in diameter at its baſe, having its apex raiſed at leaſt

leaſt two inches above the ſurface of the circumjacent integuments, and probably containing a fluid. It was not painful, little, if at all, ſore, had no increaſed heat, the integuments were not diſcoloured, nor was there any ſurrounding hardneſs.

I leave the reader to judge how far inferences drawn from this ſingle hiſtory will afford a diagnoſis of ſuch a pſoas abſceſs, from that ariſing after lying in, if pointing in the iliac region.

CASE VI.

In caſe, however, doubt ſhould ariſe about the nature of the apoſtem, the ſurgeon will, for the ſame reaſons which would dictate ſuch a conduct in queſtionable abſceſſes in the groin, leave the diſcharging the pus to nature and time. No harm followed the doing ſo in a caſe which fell under my notice, the patient recover-

ing

ing without difficulty after the burſting of the abſcefs.

CASE VII.

One caſe *after lying in* I have ſeen, in which the matter of the abſcefs had made its way through the ſkin both at the groin, and alſo near the great trochanter. From the moſt accurate inveſtigation, it was rendered almoſt certain that it was neither a pſoas, nor a hip diſeaſe, but originally an abſcefs of an iliac gland, in which the matter had made its way in the cellular ſubſtance along the tendon of the iliacus internus, which is inſerted in the little trochanter. The complaint came on after her firſt childbearing. She was in very good health when I firſt ſaw her, notwithſtanding that the drain was very great. The leg and thigh were weak, but not ſwollen. She continued ſeveral weeks under my care without either amendment, or growing worſe, and at length returned into the country

country to her home, where she died about half a year after she left the town; though whether or not exhausted by the drain from the ulcers, or cut off by any new disease, I have not learned.

In this case early openings made wherever an incision could with safety have reached the matter, would probably have rendered the complaint curable. I have lost the minutes of her history, and therefore I decline giving in detail the circumstances upon which I grounded my opinion of its nature, lest, as I write from memory, I should mistate any of them, and deceive those who may be inclined to give credit to my representations and sentiments.

I have said nothing about the external applications to be made to the tumour when suppurating, because none can be supposed strangers to poultices, fomentations, and emollient ointments; means, which sometimes seem useful in forwarding the ripening

ing of apoſtems. There is one thing, however, which I ſhall mention, and which I think I am juſtified by experience in recommending, as preventing in a great meaſure the diſagreeable effects conſequent to the opening, whether by nature or art, of large abſceſſes; and that is a previous and copious adminiſtration of Peruvian bark, either in ſubſtance, or in ſome mode of preparation more agreeable to the ſtomach of the patient. I fear I am the firſt in propoſing this practice; but I am fully perſuaded, that a general trial of it would give it a better ſupport than my authority. *After* opening large abſceſſes, the bark is, I believe, at this time, a common and uſeful remedy; but when rigors, with ſickneſs, heat, quickneſs of pulſe, &c., come on, *then* the continuance of the bark is, I am perſuaded by obſervation, not only uſeleſs, but pernicious, notwithſtanding the preſent great debility of the patient. The effervеſcing draughts of Riverius, and gentle antiſeptic laxatives, ſeem *then* to be uſeful, and a return

return to the bark is to be allowed only when the ſymptoms of contraction abate.

The remarks which I have made in this digreſſion, though they may not neceſſarily belong to my ſubject, yet ſeem not diſtantly related to it, and almoſt naturally to ariſe in the courſe of handling it.

(18). I have ſhewn above (3 to 7), that the inflammation of one or more of the iliac glands may be productive of, and accompanied with, all the effects which I have deſcribed in (8 and 9), and to that cauſe I aſcribe theſe effects. It remains for me to ſhew how ſuch inflammation may be the conſequence of parturition. I have enumerated three accidents, which may give occaſion ſeverally to inflammation of a lymphatic gland, namely, preſſure, the application of acrid matter brought to it by an abſorbent; and thirdly, inflammation continued from an abſorbent.

Whoever conſiders the prodigious force with

with which the uterus acts in bringing forwards and in expelling the fœtus; and farthermore, the force with which the abdominal muſcles act in conſent with, and in aid of, the contracting uterus, will be ſenſible that occaſion may be given to any of the effects of preſſure on parts lying between the uterus and the muſcles of the abdomen; and in that ſituation, during part of the time employed in the act of labour, are the external iliac glands.

Secondly, That the diſcharges from the vagina and uterus after parturition frequently become highly acrimonious, is a well-known fact. By abſorbents, either from the vagina or uterus, ſuch acrid fluid may be taken up and applied to the iliac glands, the frequent occurrence of an inflammation of a femoral or inguinal gland from acrid matter abſorbed from a ſore in the leg or the penis, bears an analogy to, and illuſtrates the ſuppoſed ſwelling of, an iliac gland from ſome offending matter abſorbed from the uterus or vagina.

CASE

CASE VIII.

That to this cauſe was owing the glandular ſwelling in Mrs. O. (Caſe I.) I am almoſt aſſured, becauſe in that patient there were the fulleſt evidences of acrid and morbid matter being carried into the ſyſtem. For to ſay nothing of the puerperal fever under which ſhe ſuffered, (and which fever my late eſteemed friend, Doctor Walſh, conſidered *, and proved to be a putrid fever combined with a peritoneal affection), on the eighth day after the ſubſiding of

* See Walſh on the puerperal fever.

Having had occaſion to make mention of this writer, let the reader pardon me, if I ſtep out of my way for a moment, and pay a juſt tribute to the memory of a friend.

Initiated at the early age of thirteen into the ſtudy of medicine, he proſecuted it with a manly perſeverance till he qualified himſelf for his Doctor's degree, which he took in Edinburgh with great applauſe before he attained to his twentieth year. In that celebrated

of the glandular tumour, her pulſe again grew quick, and ſhe had a moſt dreadful apthous affection of the fauces and throat. She complained of pain in the œſophagus, and ſoon after of ſtiffneſs, ſoreneſs, and roughneſs, in her throat, as though (to uſe

ſchool, as well as thoſe of London, Paris, and Dublin, he availed himſelf of every advantage which could be obtained by the beſt-directed purſuits, and the moſt unwearied diligence. To a well-grounded knowledge of the different ſubjects connected with his profeſſion, he added an intimate acquaintance with polite and claſſical learning.

When twenty-four years old, without either powerful patronage or connections, he undertook the arduous taſk of a public teacher of Midwifery in London, and continued his lectures till his laſt illneſs with great encouragement and growing reputation. Indeed ſuch was the livelineſs of his imagination, the quickneſs of his perception, his ſtrength of underſtanding, and perſevering induſtry, that had it pleaſed Divine Providence to have ſuperadded length of days, he muſt have ranked with the brighteſt luminaries of the healing art. But at the age of twenty-ſix he was deſtroyed by a diſeaſe, the conſequence of diſſecting a ſubject who had died of puerperal fever; thus ſacrificing his life to ſcience, and to that branch of it in particular, by the improvement of which he hoped and endeavoured to benefit mankind.

her

her own words) "she had been swallowing "lime." She made the same complaint of her tongue and the inside of her mouth; the surface of these parts appeared as if universally ulcerated, and was covered with a thick white fur: the tongue in particular was crusted very thick, and was so greatly swollen, that she could not articulate. Though her pulse was quick, her skin was cool and moist. Having obviated costiveness, I steamed the mouth and throat with the vapour of myrrh and vinegar, and frequently washed them with tincture of roses and honey, which, by reason of the extreme soreness of the parts was as sharp an application as she could bear: she took freely and often bark and snakeroot in wine. She grew better under the use of these remedies. The crusts separated from the surface of the tongue and fauces. The swelling subsided, and the soreness, and every other complaint but weakness, left her in a week. Is it to be doubted, that in this case the acrid matter which had been taken into the system, was secreted again

upon the mucous membrane of the tongue and throat?

As to the inflammation of an iliac gland being a continuation of inflammation from an inflamed abſorbent, I cannot inſiſt upon the fact from my own obſervation, but what I have ſeen in other lymphatic glands obliges me to believe that it may and does exiſt.

If I am right in my conjecture, that Mr. White has treated of the ſame morbid affection with that which I have been conſidering, it is but decent in me, ſince I have laid down a different doctrine both with reſpect to its nature and its management, to give an opportunity of comparing the objections which ariſe in my mind to his theory, with ſuch exceptions as may be taken againſt that which I have advanced.

I diſſent from the opinion of ſo inſtructive and elegant a writer, and one ſo greatly my

my ſuperior in profeſſional experience, with the utmoſt diffidence, and only upon a perſuaſion, that by ſo doing I may probably promote the apparent end of his labours, the advancement, and the diffuſion of knowledge.

Mr. White is of opinion, that the diſorder is owing "to the child's head preſſing the veſſel or veſſels which ariſe from "one of the lower extremities, againſt the "brim of the pelvis, during a labour pain, "ſo as to ſtop the progreſs of the lymph; "that the number of valves will effectually prevent it from regurgitating, and if "the head continues any length of time in "that ſituation, while the lymph is driven "on through the valves by the periſtaltic "contraction of the coats of its veſſels, by "the great exertion of the muſcles, and "the ſtrong vibration of the inguinal artery, though its coats ſhould be allowed "to be ſtronger than thoſe of the blood-veſſels, it muſt at laſt burſt and ſhed its "contents. When the orifice made in the

" lymphatic is healed, and the diameter of " the tube is contracted or totally cloſed by " the cicatrix, the lymph is retained in the " lymphatic veſſels and glands of the limb, " and labia pudendi, and diſtends them to " ſuch a degree and ſo ſuddenly, as to oc- " caſion great pain and ſwelling, which " always begin in the part next to that in " which the obſtruction is formed, and " when the obſtruction is in part or wholly " relieved, or the lymph has found a freſh " paſſage, the part next to it is conſequently " relieved."

Now in the firſt place, I believe no experiment has ſhewn that the lymphatics are ruptured in the living body by any other accidents than thoſe which deſtroy and tear to pieces the veſſels in general of a given part.

Working anatomiſts well know that the abſorbents, even after death, (and by the privation of life the ſtrength of their coats is very much diminiſhed,) will bear with-

out burſting a weight of quickſilver equal in effect to a far greater force than I believe any calculator will ſuppoſe to be exerted in the propelling of the lymph from the leg towards the thoracic duct.

Secondly, The head of the child in its deſcent can act upon the iliac veſſels, at moſt, *but as the pad of a tourniquet does upon thoſe of the upper or lower extremity*; for the muſcles which lie upon and are attached to the oſſa ilia, on the one hand, and the generally ſwollen integuments which cover the looſe and yielding bones of the child's head on the other hand, will prevent, at leaſt, a more violent preſſure on the trunks of the abſorbents within the pelvis, than that which is made upon the trunks of the thigh or arm by the hard pad of the tourniquet ſqueezing them againſt an almoſt naked bone; yet a rupture of a lymphatic trunk has never been known, nor even ſuſpected, to follow the application of a tourniquet on the arm or thigh.

Thirdly, If I compreſs a lymphatic trunk, I readily force on its contents, if the remaining part of the road to the thoracic duct be unobſtructed, and then its ſides will be ſqueezed together; and by reaſon of the thinneſs of its coats, it will in the compreſſed portion occupy the ſmalleſt ſpace imaginable, ſo that it will hardly be ruptured in the place in which the preſſure is made; and if from the diſtention of the veſſel by the obſtructed returning lymph the veſſel muſt be ruptured below the preſſure, no reaſon can be aſſigned why the breach ſhould always be made in one preciſe ſpot of the inferior portion of the trunk rather than in any other; for example, why it ſhould happen within Poupart's ligament rather than ſomewhere in the leg and thigh.

Fourthly, The lymph is not gelatinous when circulating in the veſſels of the extremities, as Mr. White imagines it to be*.

It

* I collected nearly a teaſpoonful of a lymph from a wound in the leg of a man who had recently divided a lym-

It only becomes ſo when extravaſated or expoſed to the air; when in circulation it is probably the thinneſt of the known animal fluids. We have no experiment to prove that it ever jellies, unleſs when it

a lymphatic trunk, and ſuffered it to reſt in a ſilver teaſpoon in the open air for twenty minutes, Farenheit's thermometer ſtanding at fifty degrees. A ſmall portion was coagulated into a very ſoft jelly; the reſt I poured off, and then expoſed it in a ſpoon heated by the flame of a candle till the lymph boiled; the greater part was coagulated, but there were ſome drops ſtill fluid and limpid.—The reſult of this experiment may ſeem to contradict what the late celebrated and indefatigable Mr. Hewſon has ſaid reſpecting the coagulating of lymph when diſcharged from a wounded lymphatic; but the difference may be reconciled by reflecting that Mr. Hewſon ſpeaks of a white fungus found under the dreſſings, which perhaps had lain upon the wound twenty-four hours, and conſequently had given opportunity for the abſorption or evaporation of the leſs coagulable and more volatile parts: but the experiment juſt related was made upon the fluid, immediately after its eſcape from the wounded veſſel. I thought it right to make this obſervation, leſt it ſhould ſeem that I affect to impeach the accuracy of that great diſcoverer's communications, or treat lightly the memory of one whoſe aſhes every friend to ſcience muſt treat with reverence.

has

has been long at reſt, or expoſed to the air. Now were a rupture of an external iliac trunk to take place, either the lymph muſt for a long time continue to flow through the wound, or by the ſpeedy coagulation of what was firſt extravaſated, the farther eſcape of it muſt be prevented. Admitting the firſt propoſition, the lymph would be diffuſed through the cellular ſubſtance of the abdomen, and produce an univerſal œdematous ſwelling of the parietes, and in that caſe the ill effects of preſſure would be perceived immediately after parturition; but if the latter propoſition be true, then the lymph could not eſcape ſo as to make preſſure on any particular viſcus, as is ſuppoſed by Mr. White, in his remarks on Caſe VI.—Vide Inquiry, p. 50.

Fifthly, I have a preparation of lymphatics which, being compreſſed by a tumour, could not tranſmit the lymph; the conſequence was, not that they burſt, but that yielding to the impelled lymph, they became varicoſe, and ſuffered their diameters

to

to be enlarged to the ſize of a crow's quill; and as they grew larger, their coats ſeemed to have thickened. From analogy I infer, that the ſame thing will happen when the lymphatics are obſtructed by the preſſure of the uterus and its contents.

Sixthly, I have ſeen the ſwelling of the leg and thigh entirely removed in forty-eight hours: now it is highly improbable, nay almoſt impoſſible, that the veſſel which had been burſt, and by the ſubſequent cicatrix had ſuffered a contraction of the ſize of its canal, or even a cloſing up of it, ſhould on a ſudden be ſo dilated as to allow of the uſual free tranſmiſſion of the before obſtructed lymph. I ſay highly improbable, becauſe we know how ſlowly and with how much difficulty any canal in the body which has undergone contraction, together with alteration of ſtructure, admits of dilatation: and with reſpect to the lymph's finding its way by a new route, we know that minute veſſels are not ſo quickly dilated as to ſupply at once the place of large trunks.

trunks. But if the diſtention of the parts with lymph be aſcribed to an obſtruction formed by an altered lymphatic gland, through which the trunk or trunks might take their way, then the gland being reſtored to its natural condition, and the preſſure on the trunk being conſequently removed, the lymph would find its way as uſual, and the ſwelling of courſe would ſubſide.

Seventhly, It does not appear that the *pigs became dropſical in conſequence of Doctor Monro's making a wound in the thoracic duct* *. Now the thoracic duct being the grand canal into which almoſt all the trunks of the abſorbents ultimately convey their contents, it is as certain that a ſolution of its continuity muſt be followed by an univerſal dropſy, as it is that the ſame accident happening to a trunk coming from an extremity is to be followed by a dropſy of that extremity. But no dropſy is obſerved to follow the wound of the

* Vide Inquiry, p. 58.

tho-

thoracic duct; therefore, a wound in the trunk coming from the extremity, admitting that a wound of it does happen, is not a ſufficient cauſe for producing the effect. It muſt not be ſaid that no concluſion is to be drawn from an experiment on a brute; for the ſame conſequences, as to a ſubſequent change of ſtructure, follow wounds in the veſſels of quadrupeds and of man. If an artery be wounded (not divided) in a brute, there will be a contraction, and even an obliteration, of its cavity; and the ſame change takes place if the wound be inflicted on the artery of the human ſubject.

Laſtly, This kind of ſwelling of the leg, thigh, and buttocks, is not peculiar to women who have ſuffered parturition. I have ſeen it come on nearly in the manner which Mr. White deſcribes, in a perſon who had ſuffered greatly from a retention of urine and inflammation of the bladder. No circumſcribed tumour could be felt in the iliac regions, therefore it is probable that there was a ſwelling of the internal iliac glands

glands excited by ſome acrid matter abſorbed from the bladder. The diſeaſe was cured by frictions of mercurial ointment on the extremities. In this caſe it was certain that no preſſure could have been applied ſufficient to rupture the lymphatic trunks; and the mode of cure increaſes the probability that the ſwelling of the extremities was occaſioned by a glandular affection.

It is eaſier to raiſe objections to the doctrine of another man, than to eſtabliſh a different one by ſatisfactory experiments and reaſonings. I dare not affirm that the complaint is never produced in the manner Mr. White has ſuppoſed it to be; but the foregoing review of the ſubject obliges me to ſuſpect that in general it ariſes from another cauſe. How far I ought to ſuppoſe that I have convinced the reader that I am right, the partiality with which every man views his own opinion renders me unfit to judge; but I am free to own, that to me this doctrine ſeems to want little additional evi-

evidence, except that, which I hope never to obtain, the evidence of diſſection. Indeed the probability of its truth is increaſed by a careful peruſal of the caſes which Mr. White has publiſhed. In almoſt every one of which the pain is deſcribed to have begun in the belly, in the ſmall of the back, and in the groin *. In the ſixth caſe the patient is expreſsly ſaid to be ſeized with an acute pain and ſwelling in the belly on the right ſide. In the eleventh caſe the pain began in the belly. In the twelfth, in the ſmall of the back, and the left ſide, and extended to the groin. In the thirteenth, "ſeized with pain in the lower "part of the belly above the groin."

The admitting of the cauſe to which I have aſſigned the effects I have deſcribed, enables us to account for the variation in the times at which the complaint commences after child birth, and to explain why it ſhould in ſome inſtances come on in forty-eight hours after delivery; in others,

* Vide White's Inquiry.

not

not till after ſeven or eight days, or at any intervening or ſubſequent period; for example, ſhould the diſorder begin at an early period, we may impute it to the bruiſe and conſequent ſwelling of an iliac gland; if late, to the abſorption of acrid matter, or inflammation in a lymphatic being continued to and producing a ſimilar condition in a lymphatic gland. But whether or not the theory of the diſeaſe be good, I have every conviction which the degree of experience poſſeſſed by me can afford, that the practice I have recommended in the management of it is uſeful. However that, whilſt I endeavour to inform my reader, I may not lead him into any mode of practice, which may be pernicious to his patient, let me caution him, that ſhould he in any caſe think the mercurial friction a proper remedy, he will, before he proceeds to the trial of it, conſider the probable effects of mercury on his patient's conſtitution, and what ſecretions or diſcharges ſhe may have at the time, and the advantage or diſadvantage of a remedy

medy which may increaſe or diminiſh them.

The efficacy of vomiting in the abating of local inflammation, and the promoting of abſorption, has been fully proved by experience; and the ſafety with which emetics may be adminiſtered to women in childbed, when circumſtances indicate their uſe, practitioners have not now to learn. No other means with which we are acquainted appear ſo certainly to check the violence, and remove the danger of the puerperal fever; and I have ſeen the ſame remedy in a moſt deplorable caſe put an end to convulſions ſucceeding to delivery. Extreme weakneſs or diſeaſed viſcera will form the principal and, perhaps, the only objections to its employment *.

* See Appendix, page the laſt.

APPENDIX.

THE foregoing pages were prepared for the preſs nearly two years ago; but I withheld them from the eye of the public, in the firſt place, becauſe I was doubtful of the importance of the ſubject; and in the ſecond, becauſe I feared that the execution of my undertaking had not even done the ſubject juſtice. However, the interval between the committing of my ſentiments to writing and the preſent hour, has added ſomewhat to my experience, which, with the obſervations drawn from it, has rendered me more capable of judging how far the diſeaſe itſelf is an object worthy of particular inveſtigation; how far ſome of the conjectures I have made are confirmed by facts; and how far the method of cure which I have propoſed is promiſing of ſucceſs.

But

But under theſe circumſtances it may be ſaid, that I ſhould have caſt my work anew, and interwoven with the body of it what additional information I think myſelf able to afford. Had I abounded in leiſure, I ſhould not have given occaſion for ſuch an objection. But duties of a ſuperior importance oblige me, in this inſtance, to be ſomewhat inattentive to my reputation as an author. Indeed, whoever conſiders the manifold engagements of a country practitioner, and how unfavourably he is for the moſt part ſituated for receiving that aſſiſtance from others, which reſidents in the metropolis can ſo eaſily obtain, will not condemn the plan which I have adopted as originating in ſloth or careleſſneſs, or an unpardonable diſregard to the opinion of the public.

CASE IX.

Mrs. ——, aged twenty-five, was delivered, under the care of a midwife, after a

natural labour of four hours duration, December 1, 1790, lying on her left ſide. The lochial flux after delivery was copious; latterly it was very offenſive. It was her firſt child. The ſubſequent night ſhe was ſick and vomited; and her puking returned the next morning, but then ceaſed. A few hours after her labour ſhe became affected with heat, thirſt, and nauſea; and theſe febrile ſymptoms were continuing at the time I ſaw her. On the tenth day ſhe was ſeized with a violent pain *in the back part of the calf of the left leg*; ſhe likewiſe perceived great ſtiffneſs in the groin, but is not certain that any ſwelling had ariſen in that part before the 24th day. Both legs became tumid; the ſwelling of the right leg, however, ſoon ſubſided. On the 24th ſhe perceived great pain in her left thigh and groin, and there was a ſwelling of the extremity, and ſeemingly ſome fulneſs in the flank.

On the 27th day after her lying in I firſt ſaw her. Her complaints were head-

ach, thirſt, a diſagreeable taſte, total loſs of appetite, and pain in the loins. Her pulſe was frequent, ſoft and ſmall, (120), her ſkin dry and too hot, her habit was emaciated, her tongue was dry, though not furred; ſhe had a cough without expectoration, her nights were ſleepleſs. A conſtant pain affected the left iliac region, increaſed conſiderably by coughing, and to an exquiſite degree by external preſſure. A circumſcribed hard tumour in that region was perceptible both to the patient and to myſelf. The femoral lymphatic glands were ſore and tumid; the leg and thigh, even to the buttock, were greatly ſwollen; the integuments were of a whitiſh hue, and, eſpecially on the inſide of the thigh, were ſore and *pitting upon preſſure.* The paleneſs of her lips added to her general appearance of a perſon worn out by diſeaſe. Five leeches were applied to the ſkin lying over the tumour in the flank; and after the bleeding had ceaſed, a large bliſtering plaſter was laid on the ſame part. Vomiting was excited by ſmall doſes, repeated after proper intervals, of emetic

Tartar and Ipecacuhana. After this a mixture of Mindererus's ſpirit, ſyrup of white popies, and barley water, was given her once in four hours.

Twenty-eighth, her ſufferings in general were relieved, and the ſoreneſs in the groin was much leſſened. The integuments of the leg and thigh were punctured in ſeveral places with a lancet; *pellucid lymph as thin as water, and which did not coagulate*, flowed freely from the little wounds.

In the evening the general ſwelling was evidently diminiſhed. She ſtill complained of a diſagreeable taſte; therefore vomiting was repeated; and her bowels not being lax, a draught, conſiſting of rhubarb, magneſia, and barley water, was afterwards taken.

Thirty-firſt day. She began yeſterday to take the ſaline mixture in the ſtate of effervescence. The leeches were this day again applied to the iliac region, and a ſecond

bliſter

bliſter was ordered to follow them. Two grains of calomel and one of opium were now taken every night.

Thirty-fourth. She took a purging draught.

Thirty-fifth. The ſwelling is greatly reduced.

Thirty-ſixth. The extremity was found again to be very much ſwollen, and there was a return of pain both in the limb and in the flank. She had no ſleep the laſt night. She has perceived ſome pain in the calf of her other leg. Pulſe upwards of 120. I now again made ſeveral punctures in the leg, and the poſterior, and inner part of the thigh; and perſuaded of the obſtinacy of the obſtruction to the return of the lymph, I reſolved to make a trial of mercurial frictions agreeably to what theory had led me to propoſe in page the 19th. Quickſilver one ſcruple, carefully mixed with two ſcruples of ſtale hog's lard, was directed to be well rubbed into the leg and

thigh every night; and at the ſame time ſhe took an opiate draught, containing thirty drops of laudanum.

Thirty-ſeventh. The punctures have plentifully diſcharged lymph, the pain is leſſened, and the pulſe is ſlower.

Thirty-ninth. The ſwelling is daily leſſening. Pulſe 100. No pain. A little vomiting and purging came on this morning. The quantity of quickſilver was increaſed to half a drachm.

Fortieth. She had a ſevere attack of cholera morbus. The uſe of the ointment was ſuſpended.

Forty-fifth. The ſwelling of the limb is again increaſing; the affections of her ſtomach and bowels are relieved. Let her return to the uſe of the mercurial ointment.

Forty-eighth. The ſwelling is ſubſiding tolerably faſt; to haſten the reduction, however, I ordered her another emetic.

Fifty-

Fifty-fourth. Her mouth is very ſore, her gums are ſwollen, and ſhe ſpits plentifully. The ſwelling, except in the ſmall of the leg, the ankle, and foot, is removed.

Sixtieth day. She was yeſterday ſeized ſuddenly with a violent pain in the *right* thigh near the groin. The femoral glands are ſwollen and ſore, and there is great ſoreneſs and ſome hardneſs in the courſe of the lymphatic trunks in that thigh and leg. The extremity is generally ſwollen, and the leg and foot are eſpecially œdematous. The frequency of the pulſe is increaſed.

Sixty-firſt. The ſwelling being this day increaſed, and the ſoreneſs and tumefaction of the glands being worſe, it was thought proper to apply leeches to the inſide of the thigh near the groin, and afterwards a bliſter. The ointment had been omitted three or four nights; but new recourſe was again had to it, and the doſe was divided between the two legs. Punctures were made in the right limb, and followed

by the uſual diſcharge of lymph. She takes one grain of opium every night.

Seventy-ſecond day. All her complaints are gone, excepting weakneſs and ſoreneſs of her mouth. She omitted the ointment; and by the aſſiſtance of the Peruvian bark, and other ſtrengthening means, ſhe recovered her health. She gave ſuck to her child (which lived and was healthy) during the whole of her illneſs, excepting two or three days in the former part of it, when the ſecretion by the breaſts was nearly ſuſpended.

CASE X.

—— P., aged twenty-ſix, after a tedious labour of three days continuance, was delivered, under the hands of a midwife, of twins lying on her left ſide, January 14, 1791, it being her ſecond lying in. She was tolerably well till the tenth day, when a ſhivering ſeized her, ſucceeded by the uſual ſymptoms of fever, and great ſore-

neſs

neſs of the abdomen *. The fifteenth day her milk, which had hitherto been freely ſecreted, left her ſuddenly; and this circumſtance was followed by a violent pain in the loins, which ſoon extended to the left iliac region. The latter became extremely ſore, and ſoon was occupied by a circumſcribed tumour, nearly as large as a child's head.

The ſequel to this was a ſwelling in the upper part of the thigh, which gradually extended itſelf to the leg, and at length to the foot. The tumour in the flank decreaſed as that of the extremity increaſed. The limb *has pitted under preſſure* almoſt from the beginning. It has been generally hot in the night, and cold in the day time. It continues of nearly the ſame ſize, whether the patient ſits up, or lies in bed. The

* The frequent occurrence of this accident previous to the ſwelling of the lower extremity, has given occaſion to the hypotheſis that the diſorder is owing to the metaſtaſis of the milk, and to the name, uſed by ſome perſons, of *œdema lacteum*.

limb

limb is little altered in ſize from within a few days after the commencement of its ſwelling. She has had frequent pain and continual ſoreneſs in the left flank, eſpecially in the night ſeaſon, and when the limb is hot. She had a moſt violent head-ach during the fever, which has left her ſome time.

This was the account given me on the *forty-ſecond* day, when I firſt ſaw her. March 3, her pulſe is ſoft and ſmall, about 96; her tongue clean; her appetite has returned, in ſome degree, for nearly a fortnight. The deficiency of her milk continues. The left iliac region is frequently painful, is always ſore when preſſed, is hard and tenſe, but I cannot perceive any circumſcribed tumour. The limb is free from pain, except at night. In the courſe of the principal lymphatic trunks on the inſide of the thigh, and eſpecially juſt above the ham, there is great ſoreneſs and more hardneſs than elſewhere in the extremity. She has been coſtive two days. I made

ſeveral

ſeveral punctures in the leg and foot, and lymph, as deſcribed in the laſt caſe, was copiouſly poured out from them: the leg was then covered with cabbage leaves. Eight leeches, and afterwards a bliſter, were applied by miſtake of the nurſe to the upper part of the inſide of the thigh inſtead of the flank. Eaſe ſpeedily followed the bleeding by the leeches. A vomit was given in the evening, and a purge the next morning.

Forty-fourth day. The limb is already very much reduced in ſize. The pain is entirely gone, and the ſoreneſs is removed from the iliac region; nor is there much ſoreneſs in the thigh, excepting that occaſioned by the bliſter.

Forty-fifth. A conſiderable degree of ſoreneſs is come on a little above the ham on the inſide of the thigh. Six leeches were there applied.

Forty-ſixth. The emetic and purge were repeated.

Forty-

Forty-eighth. The ſoreneſs is nearly gone, but the ſwelling of the limb for a day or two has been ſtationary.

Forty-ninth. Let half a drachm of mercurial ointment be rubbed into the leg and thigh every night. She purſued the uſe of the ointment for ſeven days. Her mouth was then ſlightly affected; the ſwelling of the limb was gone. She ſtayed under my care a few days longer, and then was diſcharged in perfect health.

CASE XI.

Mrs. P. on the 21ſt day after the delivery of her fourth child by a natural and eaſy labour, and thirteenth after the ceſſation of a ſlight puerperal fever, complained to me, that for two days paſt ſhe had found herſelf indiſpoſed, and that ſhe obſerved her right leg and foot were ſwollen, that ſhe had pain in the calf of the leg, and a general weakneſs in the limb, and a pain, though

though not conſtant, in the right ſide of her belly. Upon examination of the leg and foot, they were found to be, as ſhe deſcribed them, ſwollen and œdematous; the calf of the leg was hard and ſore to the touch. The *right* iliac region was painful under preſſure, and in that part there was a circumſcribed ſwelling and hardneſs. Her pulſe was frequent, and ſhe was rather hot and thirſty. She was delivered on her left ſide, Auguſt 14th. Let her take an emetic, and let the right iliac region, and the correſponding leg and foot, be covered thick with bathed cabbage leaves. 15th, The hardneſs and ſoreneſs in the calf are very much abated. The complaints in the flank and the ham are removed. 18th, She has no indiſpoſition, except general weakneſs.

From a letter with which I was favoured by Mr. Taylor of Uootten Underedge, an ingenious and obſervant accoucheur, in very extenſive practice, I extract the following hiſtories;

CASE

CASE XII.

" In the ſummer of the year 1784 I " attended a middle-aged woman, who had " a very extenſive ſuppuration of the leg " from the ham to the heel, ſubſequent to, " and in conſequence of, an œdematous " ſwelling of the extremity after lying in."

CASE XIII.

" Mrs. R., aged thirty-ſix, in the month " of Auguſt, 1788, a few days after a " laborious labour, complained of an acute " pain in the inguinal glands of the right " ſide, with ſome fulneſs of the thigh, and " extreme pain, which ſeemed increaſing. " The uſe of antimonial medicines, and a " camphorated application to the part, im- " mediately leſſened, and in a ſhort time " removed the pain. The tenſion left the " parts affected, and the patient got well.

" January

" January the firſt, 1791, the ſame per-
" ſon, ſix weeks after the birth of her
" third child, by an eaſy and natural la-
" bour, was again attacked with pain in the
" inguen of the ſame ſide, ſucceeded by a
" conſiderable œdematous enlargement of
" the whole extremity. I did not ſee her
" till the diſeaſe had continued three days.
" The pain had left the groin, but the pa-
" tient's ſufferings were excruciating from
" the diſtenſion of the whole limb. Fric-
" tion with and without camphorated oil,
" and fomentations of poppy heads, with
" an occaſional recourſe to opium given
" internally, were the remedies employed;
" but more than a fortnight elapſed before
" the violence of the complaint abated, and
" five weeks were required before ſhe was
" ſufficiently well to have recovered any
" conſiderable uſe of her leg."

CASE XIV.

" Mary C., a woman of an uncom-
" monly robuſt conſtitution, after the birth

" of her tenth child, had an œdematous
" ſwelling of one of her lower extremi-
" ties, which was very painful, and very
" tedious of cure; ſhe was confined by it
" at leaſt two months.

" In all theſe caſes the uterine diſcharges
" and the ſecretion by the breaſts were free
" and unobſtructed."

CASE XV.

" M. H., of an healthy conſtitution, and
" middle age, on the fifth of June, 1791,
" the thirteenth day after an eaſy and ex-
" peditious delivery of a living child, and
" on the tenth, and at the decline of a
" puerperal fever, was ſeized with a moſt
" excruciating pain in the right inguen,
" darting to the labium pudendi of the
" ſame ſide, and to the middle and inſide
" of the thigh, in the fleſhy part of which
" a tumour was diſtinctly felt, which I
" ſuppoſed to be an enlarged gland. It was
" exqui-

" exquiſitely ſenſible to the touch. The " ſkin of the thigh was white, gloſſy, and " would not yield in the leaſt to preſſure, " and ſeemed abſolutely incapable of far- " ther diſtenſion without burſting. Its " bulk obliged the patient to keep the other " thigh as nearly in a right line with the " body as poſſible. Below the knee the " ſwelling, though great, was not in pro- " portion, either in ſize or hardneſs, to that " of the thigh, and towards the ankle it " retained the impreſſion of the finger. " There was no perceptible fulneſs in the " groin, though the patient had a ſenſe of " tightneſs in that part. The labium pu- " dendi was ſwollen, and a pain in the back " came on this day. The lochia and milk " had been ſuppreſſed during the continu- " ance of the puerperal fever, but were " now returned in moderate quantities; " and the new complaint had not made " any alteration in either of them.

" The poor woman, who was barely ſafe " from the danger of peritonitis, and with-

" out ſtrength enough even to ſit up in
" bed, ſeemed unable to bear up againſt
" this freſh load of diſeaſe, and its accom-
" panying torture, which was ſo great that
" ſhe declared the pains of her labour to
" have been trifling compared to her pre-
" ſent ſufferings. Her pulſe was feeble,
" and frequent (120), her ſkin hot and
" dry; ſhe had frequent faintings. In the
" evening ſix leeches were applied to the
" tumefied gland in the thigh, an oily cam-
" phorated application rubbed over the
" whole extremity, and ſhe took an opiate.

" 7th, The leeches had drawn away a
" quantity of blood. The pain was much
" leſs ſevere. The glandular tumour in
" the thigh was removed, though the ge-
" neral ſwelling of the extremity con-
" tinued; ſhe had had ſome refreſhing
" ſleep. The camphorated application was
" continued, and the opiate repeated.
" 8th, ſhe had a reſtleſs night, her pain is
" increaſed, as well as the ſenſe of tight-
" neſs in the groin, and the labium pu-

" dendi is very ſore to the touch. Six " leeches *were applied to the groin*; the " bleeding, which was copious, gave im- " mediate eaſe: the opiate was repeated at " bed time. 9th, The patient *appeared a* " *new creature*; ſhe had paſſed a comfort- " able night in refreſhing ſleep; her pulſe " was greatly diminiſhed in frequency and " increaſed in ſtrength, and the limb was " reduced to nearly half its bulk.

" From this time there was no return of " pain. In a week the extremity had re- " turned to its natural condition, and the " patient gradually recovered her health " and ſtrength."

The reader is now in poſſeſſion of the principal facts which I had to adduce relative to the ſubject of the foregoing eſſay. Let him extend his patience to me, while I briefly

briefly review what I have written, and I will endeavour to do it with impartiality. I have conſidered the proximate cauſe of the ſwelling to be ſeated in the lymphatic glands. I will not contend that it muſt be ſo univerſally, becauſe there is a probability that the original ſeat of obſtruction and inflammation may, in ſome inſtances, be in the principal trunks of the abſorbents within the pelvis, independent of, and abſtracted from, the iliac glands; in which caſe the inflammation may be continued along the abſorbent veſſels downwards, that is, towards the labia pudendi, leg, &c., as well as upwards, or towards the thoracic duct.

I have many times ſeen an inflammation of the lymphatics brought on by acrid matter abſorbed from an ulcer in the middle of the leg, extend to the foot as well as to the knee; and here the foot has become very much ſwollen, though there was no gland materially enlarged, either in the ham or in the thigh. In Caſe the fifteenth, it is mentioned, that there was no perceptible fulneſs

neſs in the groin; it is, however, ſaid, that the patient complained of a great tightneſs, which ſhewed the veſſels to be in an unnatural ſtate. Admitting this opinion to be true, the remote cauſe may ſtill be ſought for in preſſure, in the preſence of abſorbed acrimonious matter, or in inflammation continued from ſome abſorbent to the trunk or trunks. The phænomena conſequent to the inflammation of the trunks will be the ſame, whether it begin immediately in the trunks themſelves, or primarily in the glands through which they paſs; ſo that no material alteration is made in the theory which I have advanced. My own experience, however, does not prove that this opinion of the inflammation beginning in the trunks themſelves is founded in fact; but I have propoſed it, becauſe I would not preſume that what I have not met with does not happen, when the ſuppoſed circumſtance is anywiſe agreeable to phyſiological experiments and reaſonings, or to what we have learned from analogy. But I believe it is unneceſſary for me to point out the

material difference between this theory of the diſeaſe, even as it ſtands with the alteration or addition juſt now made, and that founded upon the propoſition "that the "trunks are ruptured in labour, and ſhed "their contents in the abdomen; that "their canal is contracted in its dimen-"ſions, or even is obliterated by the healing "of the wounds made by the rupture; and "that the lymph remains jellied in the veſ-"ſels below the contracted part." I cannot help feeling a ſatisfaction in the diſbelief of the latter doctrine, becauſe with its ſupporters there can be little expectation of aſſiſting the ſufferer by the powers of art. What medicines can effect the ſtretching of the *cicatrix* of a canal inacceſſible to mechanical aid? or how is art to dilate the minuter veſſels equally inacceſſible, ſo as to faſhion them into new paſſages for the enlarged columns of accumulated fluid? or what is to diſſolve the lymph jellied in the veſſels, and fit it for quickly pervading ſome of the narroweſt canals in the body? But that art can afford great and ſpeedy relief,

lief, ſeems to have been demonſtrated, if not by numerous, yet by clear and incontrovertible teſtimonies.

Referring to Caſe the ſecond, we find almoſt inſtantaneous relief afforded by an emetic and leeches. It may be ſaid, that the nature of this caſe was queſtionable, becauſe the œdema of the extremity had not taken place—but we cannot thus except to Caſe third, in which the ſwelling had continued for twelve days in deſpite of purgatives, febrifuge medicines, and the evacuation of ſerum from the limb by bliſtering; yet when thus confirmed, emetics, and bliſtering the tumour in the iliac region, produced ſo ſpeedy a reduction of the ſwelling, and relief of all the patient's complaints, that her cure was completed in four days. Nor to the tenth, in which the tumour had continued a month. Nor to the fourteenth, in which the evil, though recent, was of an alarming magnitude. Nor to the ninth, in which the remedies employed, in all probability, reſcued the patient from approach-

approaching deſtruction. Nor to the eleventh, in which the efficacy of vomiting was clearly decided upon.

How obſtinate the diſeaſe is ſometimes found, when proper means of relief are not adminiſtered, may be learned from ſome of the foregoing hiſtories, as well as from the book of Mr. White, and the chapter which Mauricau has given on the ſubject.

That the diſeaſe is of an importance ſufficient to demand our moſt laborious reſearches into its nature and treatment, I am fully convinced. The ſufferings of the patient ſpoken of in Caſe the ninth were diſtreſſing beyond deſcription: and the poor woman's declaration in Caſe the fifteenth, that labour pains were trifling compared to her preſent torture, will, perhaps, weigh in the reader's mind as it has done in mine. But preſent ſuffering is not all. Future inconveniences are alſo to be dreaded.

dreaded. * Suppuration of the iliac gland I have already ſpoken of. Caſe the twelfth ſhews, that the diſtenſion may occaſion tedious and painful ſuppurations in the cellular ſubſtance of the leg. Caſe the thirteenth, that a return of the complaint in ſubſequent labours may ſometimes happen. That weakneſs of the extremity and lameneſs through life is occaſionally a conſequence, we have the teſtimony of the experienced foreigner above noticed—"Qu'il "en peut reſter à la femme une claudiation "dans la ſuite, comme il eſt arrivée à une "de mes tantes, qui eſt reſtée tout à fait "bouteuſe d'une jambe depuis trente huit

* Upon re-peruſing Mr. White, I obſerve, he ſays, that ſuppuration never happens. His authority creates a doubt in my mind, whether or not I am miſtaken in conſidering a glandular ſuppuration coming on after delivery as a part of, or connected with the diſeaſe in queſtion. The reader has the facts before him, and will judge of the rectitude of my concluſions. The ſuppuration in the leg from diſtenſion may be a rare occurrence; but that it has happened, we have a poſitive proof.—See Caſe XIIth.

"ans

" ans par un ſemblable accident, enſuite " d'une de ſes couches."

Mauriceau, tome 1. liv. III. chapit. xx. liv. iii.

If to what has been already ſaid, it may be added with truth, that the * nature of the complaint has not heretofore been ſatisfactorily

* That neither Leveret, nor the illuſtrious commentator on Boerhaave, underſtood either the nature or the proper treatment of this complaint, will appear from Comment. on Aphoriſm 1329.

——" Lac ad alia loca tendebat. Solet tunc ma-
" teria illa lactea colligi in tunica celluloſa, per quam
" peritonæum pelvi nectitur, vel inter muſculum Pſoam
" & Iliacum, circa ligamenta lata, & quandoque in
" plurimis locis ſimul. Dum hoc fit, obtuſus dolor
" circa inguina, pondus in pelvi, et debilitas femorum
" percipiuntur. Si decumbat in dorſo, femoribus ex-
" tenſis, plus moleſtiæ habet, quam ſi eadem flexa fue-
" rint. Rarius in utroque latere ſimul hæc ſymptomata
" apparent, ſed dum in uno latere tentatur diſſipatio,
" in altero latere ſimilia ſequuntur ſymtomata. Poſtea
" ed femur lactea hæc materia pergit, et tunicam cel-
" luloſam diſtendit, tandem eadem in crure et pede ob-
" ſervantur, ſicque omnia tument œdemate, et minu-
" untur

factorily explained, a new inquiry into the ſubject cannot want an apology.

But

" untur dolores, qui antea circa pelvim fuerant. Ubi " diſſipare incipit tale œdema, femora primo detume- " ſcunt, dein crura, et pedes, ſimili modo, uti antea in " hydrope anaſarca dictum fuit. Vidi aliquotiès tales " tumores puerperii tempore: dum digitis premuntur, " non obſervantur foveæ, ut in anaſarca; ſed tumor " magis reſiſtit, et fomentis ex lacte cum ſapone vene- " to decocto, ſatis feliciter ſolent diſſipari, intra decem " vel duodecim dies; præcipue, ſi urinæ craſſæ copioſæ " prodierint, primo turbidæ, dein reliquis diebus mul- " tum ſedimenti deponentes."

It may with good reaſon be conjectured, that the ſagacious and obſervant Sydenham treats of this diſeaſe, placing it among hyſterical affections, under which title he arranges moſt of the complaints conſequent to parturition.

" The ſwelling which diſtends the legs is moſt re- " markable; for whereas, in dropſical ſwellings, theſe " two particulars may always be obſerved, namely, " (1ſt.) they increaſe towards night, and (2d.) pit for " ſome time after being preſſed by the finger: in this " tumour the ſwelling is largeſt in the morning, and " does not yield to the finger, nor leave any mark be-

" behind

But I do not ſtop here—I have ventured to innovate *in the practice as well as in the theory.* If the reader believe my narratives, he will acknowledge that the event has approved the means. May I not add, that theſe are ſomewhat recommended by their ſimplicity—to remove the inflammation of the lymphatic trunks and glands by applying leeches and bliſters immediately over them, and by the revulſive power of emetics and laxatives when the patient's condition admits of their uſe and to obviate the preſent and future ill effects of diſtention by puncturing † the œdematous extremity, form my ordinary plan;—and in more

" behind it, and it generally ſwells only one of the " legs."

Swan's Tranſlation.

He does not farther explain its nature, nor does he enter into the particular management of it.

† Mr. White punctured Sarah Barton's leg (Vide Inquiry, Caſe XIIIth) in ſeveral places, but no water iſſued out. We may, perhaps, account for the water being diſcharged in ſome caſes by puncturing, and not in

more obſtinate caſes the introducing of mercury ſo as to make it paſs through or near to the glands and lymphatic trunks (paying a due regard to its probable effects upon the health and conſtitution of the patient) has been my bolder effort.—On Caſes IX. and X., and that related in page 45, I reflect without repenting of the ſteps I have taken.—Reſpecting the uſe of emetics in child-bed women, I wiſh not to be miſunderſtood. They are by no means to be indiſcriminately uſed. A high degree of irritability (a very frequent occurrence in the lying-in chamber) will in general be

In others, from the greater or leſs change induced in the cellular ſubſtance, and the coats of the abſorbents, by the effects of diſtenſion. That ſwelled legs loaded with water will not always diſcharge it when punctured I know very well. Beſides other inſtances, I can mention that of a clergyman, who, at different times in the laſt three years of his life, was under my care with hydropic complaints. Many gallons, I may ſay, of water were diſcharged by puncturing his legs at different times; but at the latter end of his illneſs, though his legs were as much ſwollen as heretofore, yet when punctured, ſometimes very little, ſometimes no water at all would follow the lancet.

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one of the circumſtances which forbid their employment.

I have ſpun out my paper to a length far exceeding my original intent. To the diſcuſſion of ſuch opinions as I have objected to, I was induced, not by any inclination to controverſy, in which a conſcioufneſs of my weakneſs forbids me ever to engage, but becauſe to ſeem unacquainted with a recent publication written profeſſedly on the ſubject of my Eſſay, and by a gentleman of acknowledged merit, would have carried the appearance of inexcuſable ignorance; and as I could not paſs that publication over in ſilence, I was compelled to ſtate my objections to doctrines in which I could not acquieſce. As to my own ſentiments, aware that I am fallible, I prepare myſelf with willingneſs to ſee their errors expoſed; knowing that it is my duty to rejoice at the preſence of truth, though my moſt favoured opinions and prejudices be ſacrificed at her ſhrine.

THE END

MVSEVM BRITANNICVM